The code of conduct in operating theatres

All staff are required to comply with infection control and uniform policies to reduce the risk of post-operative infection in patients, to maintain a professional environment, and to comply with the Health and Social Care Act (2008) *Code of Practice on the prevention and control of infections,* or face potential disciplinary action.

Hand Hygiene: Effective hand hygiene is vital to prevent infection. All staff must comply with effective hand hygiene technique as outlined in Trust Policy and must undergo yearly training.

Bare below the elbows policy: MEH requires that all staff in the operating department and other clinical areas adhere to the 'Bare Below the Elbows' strategy. While the evidence base for this policy is limited, MEH requires adherence to this policy as good practice and as a way of ensuring effective hand hygiene.

Jewellery: For reasons of infection control, health and safety as well as professional image, staff are permitted to wear a plain wedding band and small discrete stud earrings piercings, but no hooped earrings or piercings. Necklaces should not be worn as these can catch and can cause injuries.

Theatre Attire: Operating theatre attire provides a barrier that protects the patient from micro-organisms shed into the environment from the skin and hair of theatre personnel as well as to protect the outside environment from theatre contaminants. All theatre staff must wear a clean non-sterile theatre scrub suit, theatre shoes and a disposable hat whilst in the department.

Theatre personnel may only wear blue theatre scrubs in clinical areas such as the theatre department, wards and the VRE clinic. **Theatre masks and gloves should be removed before leaving the theatre complex**. If staff leave the department for prolonged periods of time they should change their blue scrub suits when they return.

Staff leaving the department should ideally change into their own clothes or raspberry-coloured scrubs. If they go to the canteen in blues to purchase food, they should wear a yellow disposable over gown and overshoes and not eat in the canteen.

Maintenance of the airflow system: The air handling system is designed to minimize the counts of bacteria-carrying particles in the air. Operating room doors should be kept closed except for passage of equipment, personnel or patients to ensure that the air handling system works efficiently. Staff should report any problems with the air handling equipment promptly to estates.

Traffic control: Movement of staff in and out of the operating room should be minimised while surgical procedures are being performed to prevent disruption of the air handling system.

Decontamination of the equipment and the environment: Contaminated equipment, work surfaces and the environment are implicated in the transmission of micro-organisms. All staff have a responsibility to ensure effective cleaning and to report any decontamination failures or inadequate cleaning to their line manager or infection control.

Consumption of foodstuffs: Consumption of food and drink in the anaesthetic room or the operating room can lead to the contamination of the environment and pests, and can put staff at risk of eating contaminated foodstuffs if they are eating in areas which may be exposed to blood or body fluids. Eating and drinking is only permitted in the staff room.

Personal Items: Outside items, such as handbags and laptop cases, should not be brought into operating theatres & anaesthetic rooms but should be left in the coffee room or lockers. Laptops (out of laptop bags), tablets, and smartphones or medical equipment required to support surgery can be used in theatres, induction rooms and recovery areas but should be in a case which is easy to decontaminate with a detergent/alcohol wipe after use, with the screen being cleaned with a slightly moistened lint-free cloth.

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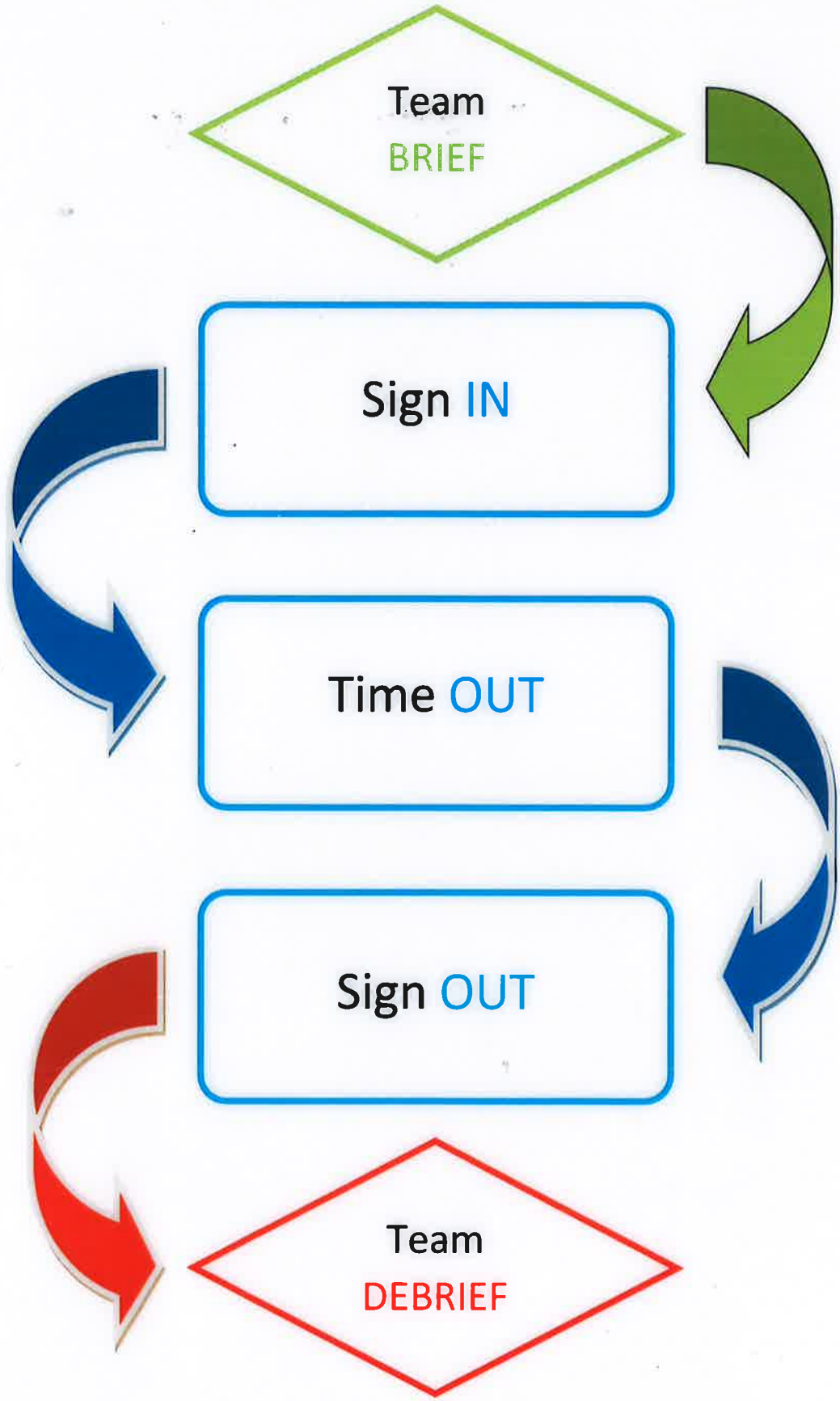
Have you completed your 'WHO 5 Steps to Safe Surgery'?



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A quick guide to preoperative briefing

What is the briefing?

The briefing is a meeting of all members of the theatre team before the start of a operating list. At least one representative from every professional group should be present.

When?

- The briefing takes place shortly after the first patient arrives in the anaesthetic room.
- The list briefing takes no more than a few minutes.

Why?

- To ensure a shared understanding of the plan for the day.
- Anticipate and prepare for problems.
- Good communication leads to reduced errors and increased efficiency.

Who?

- Briefing is a team effort, the most senior Surgeon, the Nurse in charge or the Anaesthetist should take the lead.

Content of the briefing:

People:

- All team members introduce themselves by name and state their role in theatres.
- Any staffing issues?

List:

Overview:

- Order of the list.
- Cancellations or additions?

Detail of each case:

- Which operation is planned?
- Special considerations?
- How long is each case going to take?
- What changes may be necessary?

Equipment:

- Anaesthetic safety checks complete?
- Which operating equipment will be necessary and when?
- Any decontamination issues?

Answer any questions and concerns:

- Check for misunderstandings.
- Respond positively to any concerns raised.
- Agree when the debriefing will be performed and by who.

Safety:

- Ask the team to highlight any potential risks and hazards.
- Team members should raise any safety issues immediately and take the necessary action.

Encourage:

- Encourage the team to take responsibility for the patient's safety.
- Build motivation to improve safety culture.

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Moorfields Eye Hospital NHS Foundation Trust Surgical Safety Checklist

Appendix 1

SIGN IN (read out loud by anaesthetist or anaesthetic practitioner to ward nurse and patient)

Before start of anaesthesia
To *patient: **Hello my name is… I am your … Can you please tell me your name and DOB?** While you check against the wristband and notes with the ward nurse.
To *patient: **Do you have any allergies that you are aware of?** Checking against wristband and notes. ***If applicable:*** To *patient: **When was the last time you ate or drank?** Confirming that it is safe to proceed with sedation or GA. To patient: **Do you have any plates, pins metal work or implants?** Confirming with surgeon if it is safe to use monopolar diathermy.
To *patient: **Can you tell me what operation you are having and which site/side we are operating on?** Check against consent for correct site/side. Check the consent is signed and dated by patient and surgeon. ***If applicable:*** **The lens power and type is written and signed on the 'IOL selection sheet'.** Checking the lens is available.
Is the anaesthetic machine and medication checking complete? **Are there any specific anaesthetic issues?** **The VTE risk assessment and treatment plan is complete?**

TIME OUT (read out loud by circulating practitioner to whole team)

All activities and conversation ceases

Before start of surgical intervention
To *patient: **Hello my name is…. We are going to check your details again (if patient is awake).** While you check against wristband and notes.
To team: **There are no allergies** or **They are allergic to …** Checking colour of wristband.
To team: **We are performing 'name of procedure' on the right/left/both eyes or other.** To team: **This matches the consent and the surgical mark.** **The consent form is signed by the patient and surgeon.** ***If Intraocular lens to be implanted*** **The lens is a 'n' diopter 'type of lens' for the right/left eye, matches the mark on the patient, and matches the biometry and IOL selection sheet.** **This matches the lens in theatre.** The lens is opened onto the trolley and sticker placed on the 'IOL selection sheet', the scrub and surgical team confirm that: ▪ The lens sticker matches the 'IOL selection sheet' and biometry for power, model and side.
To surgeon: **Are there any specific equipment requirements or additional steps**? To anaesthetist: **Are there any patient specific issues?** To scrub practitioner: **Are the instruments ready?** **Is the equipment ready?**

SIGN OUT (to be read out loud by circulating practitioner)

Before any key member of the team leaves the operating room
To surgeon: **Please confirm what procedure has been performed and which site/side. Are there any special instructions for post op care?** To scrub: **Is the instrument, swab and sharp count complete and correct?** To team: **Are any specimens labelled?**
Surgeon must complete the operation notes and post op instructions. *If applicable:* The drug chart and ward hand over sheet have been completed.

	Surgical Safety Checklist complete
Name:	
Signature of Registered Practitioner on behalf of the team:	
Date	

The 'WHO Checklist' includes a TEAM BRIEF at the beginning of the list, SIGN IN, TIME OUT, SIGN OUT and TEAM DEBRIEF once the list has been completed.

Bold black text – to be read out loud (wording does not need to be verbatim). Green text – for reference and aid to checking.

*guardian i.e. child/patient lacking capacity, the text to be read out is modified accordingly

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A quick guide to debriefing

What is debriefing?

- A discussion of the day's list and an opportunity to learn from what went well and what didn't

When?

- Perform the debriefing before team members start leaving the theatre or during wound closure of the last patient.

Why?

- Aim is to improve rather than blame.
- Opportunity to feedback on team learning.
- Capture problems, trends and near misses.

Who?

- Debriefing is a team effort, the most senior Surgeon, the Nurse in charge or the Anaesthetist should take the lead

Content of the debriefing:

Learn

- The debriefing is a learning opportunity and not a forum for criticism.
- Transfer any lesson learned into real change with an action plan.

Examine progress

What went well?

- Teamwork
- Preparation

What did not go well?

- Were there any surprises?
- Were there any errors, glitches or delays?

Analyse

- Discuss the team- and system- contributors to any events.
- Ask the "five whys" to get to the root cause of a problem.

Dialogue

- Have an open and honest dialogue.
- Share information and perspectives.
- Encourage everyone to contribute and listen!
- Praise accomplishment.
- Thank the team.

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Learning Opportunities

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1. We will be able to offer you the following opportunities:

- Experience with the patients journey from pre-assessment to discharge
- Surgical Experience - aseptic technique, sterile field awareness, circulating, scrubbing gowning and gloving.
- Care of the anaesthetised patient, local and general anaesthesia and recovery
- A variety of ophthalmic surgeries
- Specialist Ophthalmic experience

2. Students will be involved in caring for patients with a variety of eye problems; they will gain theoretical and clinical understanding whilst participating in the care of:

- ✓ The patient undergoing Anaesthesia
- ✓ Recovery of patients post operatively
- ✓ Pain and discomfort
- ✓ The eye surgery
- ✓ Common eye disorders
- ✓ Abnormal eye appearance
- ✓ Management of visual handicap
- ✓ Ophthalmic terminology